



Education Service Center, Region 2

209 North Water Street Corpus Christi, Texas 78401-2528

Richard Alvarado, Ph.D.

EXECUTIVE DIRECTOR

May 3, 2016

Dear Schools and Libraries Program Correspondence Unit,

USAC was billed 08/05/2015 on behalf of West Oso ISD by Education Service Center Region 2 SPIN# 143007736 for a remaining balance of \$2,701.00 for services that occurred from 07/01/2014 to 06/31/2015. We received no PIA response, nor did we get a refund. USAC is currently denying us the remaining refund, stating that they requested additional information, and we never responded. We request that USAC refund the remaining amount of \$2,701.00 to us.

Please Contact:

Education Service Center Region 2

Sherri Fitzpatrick

209 N. Water Street

Corpus Christi, TX 78418

Phone: 361-561-8481

Sherri.fitzpatrick@esc2.us

Respectfully,

A handwritten signature in black ink, appearing to read 'April Karg', written over the word 'Respectfully,'.

April Karg



IMPORTANT

**Please record this invoice's information in a secure place for
future records**

InvoiceID: 2220710

Security Code: 23051

[Continue>>](#)

[Home](#) | Client Service Bureau: 1-888-203-8100

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FCC Form 474
Do not Staple This Form

Do not write in this space.

Approved by OMB
OMB Control No. 3060 – 0856
Estimated time per response: 1.0 hour

**Schools and Libraries Universal Service
Service Provider Invoice FCC Form 474**
This form can be filed online or by mail.

Please read instructions before completing

Service Provider Form Identifier WestOso 2014-
474

(Create an identifier for your own reference)

FCC Form 474 Invoice
2220710

(To be inserted by administrator)

Block 1: Service Provider Information

- | | |
|---|---|
| 1. Service Provider Name | Education Service Center, Region 2 |
| 2. Service Provider Identification Number (SPIN) | 143007736 |
| 3. Contact Person's Name | Kevin Scott |
| 4. Contact Telephone Number | Area Code: 361 Phone Number: 5618436 Ext. |
| Contact Fax Number | Area Code: 361 Fax Number: 5618455 |
| Contact Email Address | kevin.scott@esc2.us |
| 5. Total Invoice Amount (total of Block 2, Column 13) | 4051.49 |

SPIN 143007736

Service Provider Form Identifier WestOso 2014-474

Contact Person Kevin Scott

Contact Telephone Number 361-5618436

Block 2: Funding Request Number Information

6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH							
938896	2562784	ANNUALLY	11/01/2014		27009.96	90	4051.49

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>WestOso 2014-474</u>	
Contact Person <u>Kevin Scott</u>	
Contact Telephone Number <u>361-5618436</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<ul style="list-style-type: none">✓ A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.✓ B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.✓ C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.	
14. Signature of authorized person ✓	15. Date 8/6/2015
16. Printed name of authorized person Ryan Johnson	
17. Title or position of authorized person CFO	
18. Telephone number of authorized person 361-5618434	
19. Address of authorized person 209 N Water Street Corpus Christi TX, 78401	

Approved by OMB
OMB Control NO. 3060 - 0856

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Do not staple the FCC Form 474.

Please submit this form to:

SLD SPI FCC Form 474
P.O. Box 7026
Lawrence, KS 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form (pages 1 - 4) to:

SLD Forms
ATTN: SLD SPI FCC Form 474
3833 Greenway Drive
Lawrence, KS 66046
888-203-8100

I certify that the information on the worksheet that I am providing is based on the actual bills for eligible services that the form 471 applicant has received from the vendor whose SPIN is associated with the approved E-Rate discounts. I also certify that the sample bill(s) provided is representative of the other items on the worksheet.

Signature



Ryan Johnston

Print Name

Education Service Center, Region 2

Company /
Organization

CFO

Title

3/10/15

Date

Education Service Center Region 2

209 North Water, Corpus Christi TX 78401-2599
(361) 561-8400 FAX: (361) 883-3442

Invoice

068614

Customer Number: 000026

Customer P.O. Nbr:

Reference:

Requested By: Kevin Witte

Invoice Date:

Requested Date: 11-18-2014

Terms: Net 30 Days

Note: District can pay discounted portion, but if
erate funds are not received/denied, the
total amount is due by the end of current

Bill To:

WEST OSO ISD
ATTN ACCOUNTS PAYABLE
5050 ROCKFORD DRIVE
CORPUS CHRISTI, TX 78416

Remittance Address:

Education Service Center Region 2
ATT: Accounts Receivable Business Office
209 North Water
Corpus Christi, TX 78401-2599

Page: 1 of 1

Quantity	Description	Unit Price	Amount
1.00	97/01/2014-6/30/2015) Internet Access erate eligible	\$27,009.96	\$27,009.96
Balance Due:			\$27,009.96

Account Code	Description	Amount
199-00-5729.00-216-500000	MIS INTERNET FEES	\$27,009.96
Total for all Accounts:		\$27,009.96

COPY

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT REPORT
(Funding Year 2014)

Service Provider Name: Education Service Center - Region 2
Service Provider Identification Number: 143007736

Funding Request Number: 2562784
Form 471 Application Number: 938896
Form 470 Application Number: 981870001144147
Name of 471 Applicant: WEST OSO INDEP SCHOOL DISTRICT
Address of 471 Applicant: 5050 ROCKFORD DR
Applicant City: CORPUS CHRISTI
Applicant State: TX
Applicant Zip: 78416-2530
Entity Number:
Name of Contact Person: Kevin Witte
Preferred Mode of Contact: E-MAIL
Contact Information: kwitte@esc12.net
Name of Form 486 Contact Person: Kevin Witte
Address of Form 486 Contact: 2101 W Loop 340
City of Form 486 Contact: Waco
State of Form 486 Contact: TX
Zip Code of Form 486 Contact: 76712
Telephone of Form 486 Contact: 254-297-2924
Fax of Form 486 Contact: 855-372-8312
E-mail Address of Form 486 Contact: kwitte@esc12.net
Funding Year: 07/01/2014 - 06/30/2015
Contract Number: FY2014-West Oso - 40
Services Ordered: Internet Access
Billing Account Number:
Service Start Date: 07/01/2014
Contract Expiration Date: 06/30/2015
Total Program Year Pre-discount Amount: \$27,009.96
Applicant's Approved Discount Percentage: 90%
Funding Commitment Decision: \$24,308.96

FUNDING COMMITMENT REPORT

Service Provider Name: Education Service Center - Region 2
SPIN: 143007736
Funding Year: 2014

Name of Billed Entity: WEST OSO INDEP SCHOOL DISTRICT
Billed Entity Address: 5050 ROCKFORD DR
Billed Entity City: CORPUS CHRISTI
Billed Entity State: TX
Billed Entity Zip Code: 78416-2530
Billed Entity Number: 141629
Contact Person's Name: Kevin Witte
Preferred Mode of Contact: EMAIL
Contact Information: kwitte@esc12.net
FCC Form 471 Application Number: 938896
Funding Request Number: 2562784
Funding Status: Funded
Category of Service: Internet Access
FCC Form 470 Application Number: 981870001144147
Contract Number: FY2014-West Oso - 40
Billing Account Number: N/A
Service Start Date: 07/01/2014
Contract Expiration Date: 06/30/2015
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-Discount Amount for Eligible Recurring Charges: \$27,009.96
Annual Pre-Discount Amount for Eligible Non-Recurring Charges: \$.00
Pre-Discount Amount: \$27,009.96
Applicant's Discount Percentage Approved by SLD: 90%
Funding Commitment Decision: \$24,308.96 - FRN approved as submitted

FCDL Date: 05/15/2014

Wave Number: 001

Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2015

Consultant Name: KEVIN WITTE

Consultant Registration Number (CRN): 16062048

Consultant Employer: ESC Region 12 E-Rate Consulting